



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS
500 JAMES ROBERTSON PARKWAY, SECOND FLOOR
NASHVILLE, TN 37243-1144
Office: 615-741-5062; Fax: 615-532-1903
www.state.tn.us/commerce

APPLICATION FOR ESTABLISHMENT LICENSE (Please Print or Type)

Current Name of Establishment: _____

New Name if Applicable: _____

(STREET NAME) (P.O.BOX) (COUNTY)

(CITY) (STATE) (ZIP) (_____) (PHONE NUMBER)

(_____) (FAX NUMBER) (EMAIL ADDRESS) (WEB SITE ADDRESS)

Type of Application: ☐ New Business ☐ Inheritance ☐ Purchase ☐ Name Change
☐ Location Change ☐ Change of Ownership ☐ Other _____

Type of Ownership: ☐ Sole Ownership ☐ Partnership ☐ Corporation ☐ Other explain _____

Name of Owner: _____

(ADDRESS) (CITY) (STATE) (ZIP)

Name of Manager: _____ License #: F.D. _____ Embalmer _____

1. Are you going to sell money funded preneed at your funeral home? ☐ YES ☐ NO

(I) (We) hereby make oath that the foregoing statements are true and accurate to the best of (my) (our) knowledge. (I) (We) further certify that (I) (We) have never been convicted of any crime or felony other than a minor traffic violation and further understand that if there is any substantial change in the information given herein, the Board Office is to be notified, in writing, within ten (10) days of such change. Sworn to this the _____ day of _____, 20 ____.

Seller: _____
(Signature) (Print Name)

Owner/Buyer: _____
(Signature) (Print Name)

STATE OF TENNESSEE

COUNTY OF _____ Personally appeared before me, the person or persons whose name or names appear above, and made oath that all information given is true to the best of their knowledge, executed before me, this _____ day of _____, 20 ____.

(SEAL)

(Notary Public)

My Commission expires: _____

SEE REVERSE SIDE FOR ADDITIONAL REQUIREMENTS

**PLEASE ATTACH
THE FOLLOWING DOCUMENTS AND/OR LETTERS TO THIS APPLICATION**

1. Have price lists available at time of inspection.
2. List of all licensed funeral directors and/or embalmers, license numbers and indicate whether they will be full-time or part-time employees.
3. If ownership is a corporation, attach a list of all officers, titles, addresses and agent for service of process.
4. If ownership is a corporation, attach a copy of charter from Secretary of State.
5. If ownership is a LLC, attach a copy of organization from Secretary of State.
6. Two letters of recommendation from responsible business owners in your community or area.
7. Letter from zoning authority to verify location is properly zoned for funeral establishment.
8. If establishment is on septic tank system, attach letter of approval of septic system from the county health department.
9. \$575.00 fee must accompany this application.

**PLEASE ATTACH
THE FOLLOWING DOCUMENTS AND/OR LETTERS TO THIS APPLICATION**

NAME CHANGE:

1. Updated price lists must be available at time of inspection.
2. Licensed Manager or owner to appear in front of the board.
3. \$260.00 fee must accompany application (\$60.00 database change; \$200.00 reinspection fee).

LOCATION CHANGE:

1. Updated price lists must be available at time of inspection.
2. If establishment is on septic system, attach letter of approval of septic system from the county health department.
3. Letter from zoning authority to verify location is properly zoned for funeral establishment.
4. \$575.00 fee must accompany this application.